√		1	. DATE (OF EXAMINATION	2. \$0	CIAL SECURITY NUMBER
REPORT OF MEDICAL EXAM	MOITANIN		(YYYY	YMMDD)		
	PRIV	ACY A	CT STA	ATEMENT		
AUTHORITY: 10 USC 504, 505, 507, 532,	978, 1201, 120	2, and	4346; a	and E.O. 9397.		
PRINCIPAL PURPOSE(S): To obtain medical	data for determin	ation o	f medic	al fitness for enli		
applicants and members of the Armed Force	s. The information	n will a	also be	used for medical	boards and separat	ion of Service members from
the Armed Forces. ROUTINE USE(S): None.						
DISCLOSURE: Voluntary; however, failure b	ov an applicant to	provide	the inf	formation may re	sult in delay or pos	sible rejection of the
individual's application to enter the Armed F						하는 마음이 마음이 들어나는 이 집에 가는 사람들이 되었다. 그는 그들은 그 사람이 다음이 없었다.
being placed in a non-deployable status.						
3. LAST NAME - FIRST NAME - MIDDLE NAME	4. HOME ADDRE	SS (Stre	et, Apar	rtment Number, Cit	y, State and ZIP Code)	5. HOME TELEPHONE
(SUFFIX)						NUMBER
마시 : 이 기계 : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						(Include Area Code)
6. GRADE 7. DATE OF BIRTH	8. AGE	9. SE	K	10. RACE		
(YYYYMMDD)		F	emale	American In	dian/Alaskan Native	Asian/Pacific Islander
and the second s		١	/lale	Black		White
11. TOTAL YEARS GOVERNMENT SERVICE	12. AGENCY (Non-	Service	Member	rs Only)	13. ORGANIZATIO	N UNIT AND UIC/CODE
a. MILITARY b. CIVILIAN						
and the second s						de aparte est en signa en en toute in en la contrata de anno en signa de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata del contrata de la contrata del c
14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING	TIME			c. LAST SIX MON	THS
45 - OSDIVIOS LA COMPONIENT	BURDOOF OF	EV A BAIN	ATION		16 NAME OF EXAM	MINING LOCATION, AND ADDRESS
15.a. SERVICE b. COMPONENT	c. PURPOSE OF				(Include ZIP Cod	
Army Guard Active Duty	Enlistment		Medical B		PHYSICAL EXA	
Marine Corps Reserve	Commission	-	Retiremer		DEWITT ARMY FT. BELVOIR, V	
Air Force National Guard	Separation			vice Academy holarship Program	703-806-3395	
CLINICAL EVALUATION (Check each item in a	Market Market and Application of the same and	Last Later A. Co.	Annual Contract of the	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Marian Caranta de Cara	
Carried Control (Sinest Countries)	ppropriate column.		b- NE		scribe every abnormalit	y in detail. Enter pertinent item
17. Head, face, neck, and scalp		ina in				tinue in item 73 and use additional
18. Nose				sheets if nece	essary.)	
19. Sinuses						
20. Mouth and throat						
21. Ears - General (Int. and ext. canals/Auditory ac	cuity under item 71)					
22. Drums (Perforation)						
23. Eyes - General (Visual acuity and refraction un	der items 61 - 63)					
24. Ophthalmoscopic				1		
25. Pupils (Equality and reaction)						
26. Ocular motility (Associated parallel movements	s, nystagmus)					
27. Heart (Thrust, size, rhythm, sounds)						
28. Lungs and chest (Include breasts)						10001994
29. Vascular system (Varicosities, etc.) 30. Anus and rectum (Hemorrhoids, Fistulae) (Pros	state if indicated	-				
31. Abdomen and viscera (Include hernia)	tate ii iiidicated)	\vdash		+		
32. External genitalia (Genitourinary)	the section of the se			-		
33. Upper extremities				1		
34. Lower extremities (Except feet)				1		
35. Feet (See Item 35 Continued)				1		
36. Spine, other musculoskeletal						
36. Spine, other musculoskeletal 37. Identifying body marks, scars, tattoos				1		
				1		
37. Identifying body marks, scars, tattoos 38. Skin, lymphatics 39. Neurologic				1		
37. Identifying body marks, scars, tattoos 38. Skin, lymphatics				-		

Acceptable

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by

dental officer, explain in Item 44.)

Normal Arch

Pes Cavus

Pes Planus

Mild

Moderate

Severe

Asymptomatic

Symptomatic

ABORATO	LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)									SOCIAL SECURITY NUMBER						
	ORY FIN	DINGS										L				and the same to
45. URINALYSIS			a. Alb	bumin		T	46. URINE HC		47. H/H			48.	BLOOD	TYPE		
			b. Sugar													
TESTS			RESU					HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID			IEN ID LABE	
49. HIV							· · ·	N/A				N/A				
0. DRUGS																
1. ALCOHO				/												
52. OTHER																
a. PAP SN	/IEAR		1.75	Access to the same		Gert.	104.									
b.				Company of the Compan												
c.																
						MEA	SUREMENTS	AND O	THER FIN	IDINGS						
53. HEIGHT	54.	WEIGHT lbs.		/IN WGT	- MAX W	GT	N	AX BF				IPERATUI N/A	JRE 57. PULSE			
. BI OOD	DDECCIII	and the second section of the second	1				59. RED/GREE	N (Army	Onlyl		60 OT	IER VISIO	N TEST	•		
58. BLOOD a. 1ST	b. 2	Activities and the second	т	c. 3RD			JJ. NED/GREE	N/A			00.011	41010		N/A		
SYS.	SYS			SYS.												
DIAS.	DIAS			DIAS.												
61. DISTAN	the same of the same of		السا	Service Control of the Control of th	62. REEP	ACTIO	N BY AUTORE	FRACTIO	N OR MAI	VIFEST	63. NF4	R VISION				en a la compensa de la com-
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eft 20/		Corr. to 2	_	Winds or the last	Ву	S.	CX				Left 20/		orr. to		by	S. 12 Add
64. HETERO	PHORIA	San Strain Company of the Company of	man of manager and	4	<u>υγ</u>	3.		<u> </u>			20/		UII. 10	-01	Uy	## 10 June 1985 19
ES°	EX		R.H		1.	н.	F	Prism div.		Prism	Conv			NPR		PD
				••	-					СТ						
65. ACCOM	MODATI	ION	-		66. COL	OR VIS	ION (Test used	and resu	ult)	67. D	EPTH PER	CEPTION	(Test u	sed an	d score)	AFVT
Right		Left			PIP			/14		Uncor					ected	
68. FIELD O	F VISION					69. NI	GHT VISION (7	المحادث المحادث	and score		-	INTRAOC	ULAR T			
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71a. AUDIO	METER	Unit Seria	al Numb	ber	inL		71b. Unit	Serial N	umber			-		1000000	Act and the latest an	G ALOUD
		YYYYMMD					Date Calib		and the same))		-			TEST	
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Right				1	1		Right							72b	VALSA	LVA
Left				-			Left								SAT	UNSAT
Company of the second second second	(Continue	ed) AND SI	GNIFIC	ANT OR	INTERVA	LHIST	ORY (Use addit	tional she	احربا		Later in the same of the	•			and the second	
73. NOTES								orre	ets if nece	essary.)						
		EAGE: _	_NO _	YE	S LESS	Me THA	ORE THAN AN 10 CIGA	10 CI	GARET	TES A	DAY					
TOBACC	CO USE			-	_ LESS	THA	ORE THAN AN 10 CIGA FBS_	I 10 CI ARETT	GARET ES A D	TES A AY			CX	R		
TOBACC	CO USE	TRIG]	-	_ LESS	THA	AN 10 CIGA	I 10 CI ARETT	GARET ES A D	TES A AY			_cx	R		_
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TOBACC CHOL RPR- RE Special F	AC/ No	TRIG ON-REA Diving, S	C SERE	HDL_	LESS	S THA DL S	AN 10 CIGA FBS	N 10 CI ARETT	GARET ES A D SA G6PD:_	TES A AY EKG			_cx	R	en de la companya de	-
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LAST	NAME - F	IRST NAME - N	IIDDLE N	AME (S	UFFIX)							SOCIAL SEC	JRITY NUN	MBER			
74.a.	EXAMINI	EE/APPLICANT	(check on	ne)				7	5. I have be	en advi	sed of	my disqualify	isqualifying condition.				
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b. PH\	SICAL P	A CONTRACTOR OF THE PARTY OF TH								, d							
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76. SI	SNIFICAN	T OR DISQUAL	IFYING D	EFECT	S					4							
ITEM	ME	DICAL CONDIT	ION/DIAG	NOSIS	ICD PROFIL				RBJ DATE	QUALI- FIED	DIS- QUALI- FIED	EXAMINER INITIALS	WAIVER RECEIVE		IVED		
NO.	O. MEDICAL CONDITION/DIAGNOSIS			110313		CODE	SE	RIAL	(YYYYMMDD)				SERVIC	E DATE	(YYYYMMDD)		
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77. SI	JMMARY	OF DEFECTS	AND DIAG	NOSES	List dia	anoses w	ith item n	umbers)	(Use additiona	al sheets	if neces:	sarv.)	L	تعنيم بمسائل بعد			
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82.a.	TYPED OF	R PRINTED NAM	ИЕ OF PH	YSICIA	N OR EX	AMINER		· · · · · · · · · · · · · · · · · · ·	b. SIGN	ATURE							
83.a.	TYPED OF	R PRINTED NAM	ME OF DE	NTIST	OR PHYS	ICIAN (In	dicate whi	ich)	b. SIGN	ATURE	er og general de la companie						
84.a.	TYPED OF	R PRINTED NAM	ME OF RE	VIEWIN	G OFFIC	ER/APPRO	OVING AU	THORITY	b. SIGNA	ATURE				ngantara arak manana arak atauk ma			
85. T	his exan	nination has b	een adn	ninistra	atively r	eviewed	for com	letenes	s and accur	acy.							
	85. This examination has been administratively reviewed for completen a. SIGNATURE								b. GRAD			c. DAT	E (YYYYN	(MDD)	mananga Pauling Mahab kangin di nasiri		
	AIVER GI	RANTED (If yes	, date and	d by wh	nom)								8	7. NUMBER ATTACHI	OF ED SHEETS		
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